

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED NOV 15 1943

Registration District No. 271

Primary Registration District No. 5971 4400

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Penniscot  
(a) County Penniscot  
(b) City or town Bragg City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara Marion Young  
BARBARA YOUNG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 10 - 30 - 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 30 min.

9. Birthplace Bragg City  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name John M. Young  
13. Birthplace Craighead Co Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Bonnie Evelyn Ogden  
15. Birthplace Van Buren Co Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Young  
(b) Address Bragg City, Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Ridge Cem

18. (a) Signature of funeral director Louis Hunt  
(b) Address Penniscot, Mo

19. (a) 11-5-43 (b) Mrs J. P. Cole  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Penniscot  
(c) City or town Bragg City 078  
(If outside city or town limits, write "RURAL")  
(d) Street No. Thurs  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1943 hour 1045 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 30  
1943 to Oct 30 1943  
that I last saw him alive on Oct 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis 80 minutes  
Duration

Due to asphyxia

Due to \_\_\_\_\_

Other conditions 16 1a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Barbara Young (M. D. or other) 000

Address Penniscot Mo Date signed 11-5-43

10-43-308

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**